

Please type a plus sign (+) inside this box

MAY 03 1999

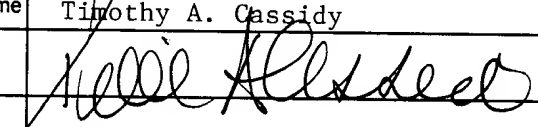
PTO/SB/21 (6-98)

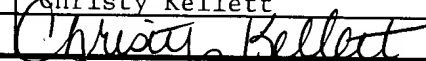
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| | | | |
|--|----------------------|------------------------|--------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/226,396 | |
| | Filing Date | January 6, 1999 | |
| | First Named Inventor | Gat, et al. | |
| | Group Art Unit | 2878 | |
| | Examiner Name | Not assigned | |
| Total Number of Pages in This Submission | 7 | Attorney Docket Number | AGX-14 |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input checked="" type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment / Response | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | Return receipt postcard |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Small Entity Statement | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | |
| <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application | Remarks | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---|
| Firm or Individual name | Timothy A. Cassidy |
| Signature |  |
| Date | April 28, 1999 |

| CERTIFICATE OF MAILING | | | |
|--|---|------|----------------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 4/28/99 | | | |
| Typed or printed name | Christy Kellett | | |
| Signature |  | Date | April 28, 1999 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

MAY 03 1999

PTO/SB/17 (12-98)

Approved for use through 09/30/2000. OMB 0651-0032
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL

for FY 1999

Patent fees are subject to annual revision.
 Small Entity payments must be supported by a small entity statement,
 otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT (\$1,198.00)

Complete if Known

Application Number 09/226,396
 Filing Date January 6, 1999
 First Named Inventor Gat, et al.
 Examiner Name Not assigned
 Group / Art Unit 2878
 Attorney Docket No. AGX-14

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number 04-1403
 Deposit Account Name DORITY & MANNING, P.A.

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|------------------------|----------|
| 101 760 | 201 380 | Utility filing fee | 760.00 |
| 106 310 | 206 155 | Design filing fee | |
| 107 480 | 207 240 | Plant filing fee | |
| 108 760 | 208 380 | Reissue filing fee | |
| 114 150 | 214 75 | Provisional filing fee | |

SUBTOTAL (1) (\$760.00)

2. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------|--------------|----------------|----------|
| 31 | -20** = 11 | X 18 | = 198.00 |
| 3 | -3** = 3 | X 0 | = 0.00 |

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

| Fee Code (\$) | Fee Code (\$) | Fee Description |
|---------------|---------------|--|
| 103 18 | 203 9 | Claims in excess of 20 |
| 102 78 | 202 39 | Independent claims in excess of 3 |
| 104 260 | 204 130 | Multiple dependent claim, if not paid |
| 109 78 | 209 39 | ** Reissue independent claims over original patent |
| 110 18 | 210 9 | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$198.00)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description | Fee Paid |
|----------------------------|----------------------------|--|----------|
| 105 130 | 205 65 | Surcharge - late filing fee or oath | 130.00 |
| 127 50 | 227 25 | Surcharge - late provisional filing fee or cover sheet. | |
| 139 130 | 139 130 | Non-English specification | |
| 147 2,520 | 147 2,520 | For filing a request for reexamination | |
| 112 920* | 112 920* | Requesting publication of SIR prior to Examiner action | |
| 113 1,840* | 113 1,840* | Requesting publication of SIR after Examiner action | |
| 115 110 | 215 55 | Extension for reply within first month | 110.00 |
| 116 380 | 216 190 | Extension for reply within second month | |
| 117 870 | 217 435 | Extension for reply within third month | |
| 118 1,360 | 218 680 | Extension for reply within fourth month | |
| 128 1,850 | 228 925 | Extension for reply within fifth month | |
| 119 300 | 219 150 | Notice of Appeal | |
| 120 300 | 220 150 | Filing a brief in support of an appeal | |
| 121 260 | 221 130 | Request for oral hearing | |
| 138 1,510 | 138 1,510 | Petition to institute a public use proceeding | |
| 140 110 | 240 55 | Petition to revive - unavoidable | |
| 141 1,210 | 241 605 | Petition to revive - unintentional | |
| 142 1,210 | 242 605 | Utility issue fee (or reissue) | |
| 143 430 | 243 215 | Design issue fee | |
| 144 580 | 244 290 | Plant issue fee | |
| 122 130 | 122 130 | Petitions to the Commissioner | |
| 123 50 | 123 50 | Petitions related to provisional applications | |
| 126 240 | 126 240 | Submission of Information Disclosure Stmt | |
| 581 40 | 581 40 | Recording each patent assignment per property (times number of properties) | |
| 146 760 | 246 380 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 149 760 | 249 380 | For each additional invention to be examined (37 CFR 1.129(b)) | |

Other fee (specify) _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$240.00)

SUBMITTED BY

Typed or Printed Name Timothy A. Cassidy

Signature

Date 4/28/99

Complete (if applicable)

Reg. Number 38,024

Deposit Account User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

05/05/1999 RMAGAT 00000119 09226396

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110.00 00



UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

| | | | |
|--------------------|---------------------|-----------------------|---------------------------|
| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NO./TITLE |
| 09/226,396 | 01/06/99 GAT | | |

TIMOTHY A CASSIDY
DORITY & MANNING
P O BOX 1449
GREENVILLE SC 29602-1449



NOT ASSIGNED

2878

DATE MAILED:

01/28/99

NOTICE TO FILE MISSING PARTS OF APPLICATION

Filing Date Granted

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of \$65.00 for a small entity in compliance with 37 CFR 1.27, or \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a ☐ small entity (statement filed) ☐ non-small entity is \$ 1088

☒ 1. The statutory basic filing fee is:

☒ missing.

☐ insufficient.

Applicant must submit \$ 760

such status (37 CFR 1.27).

☒ 2. Additional claim fees of \$ 198

including any multiple dependent claim fees, are required.

\$ 198 for independent claims over 3.

\$ 11 for dependent claims over 20.

\$ 198 for multiple dependent claim surcharge.

Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.

☒ 3. The oath or declaration:

☒ is missing or unexecuted.

☐ does not cover the newly submitted items.

☐ does not identify the application to which it applies.

☐ does not include the city and state or foreign country of applicant's residence.

An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.

☐ 4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.

A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.

☐ 5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

☐ 6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

☐ 7. Your filing receipt was mailed in error because your check was returned without payment.

☐ 8. The application does not comply with the Sequence Rules.

See attached "Notice to Comply with Sequence Rules 37 CFR 1.821-1.825."

☐ 9. OTHER

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

A copy of this notice MUST be returned with the reply.

Customer Service Center

Initial Patent Examination Division (703) 806-1202

FORM PTO-1534 (REV. 9-97)

PART 2 - COPY TO BE RETURNED WITH RESPONSE

00001110 09226396
760 0000
130 0000
198 0000
05/05/1999 09:56:47
01 FEB 1999
02 FEB 1999
03 FEB 1999